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| Alexandria, Virginia 22313-1450  or Ext (703) 746-4000  NOTE (703) 746-4000  or Ext (703) 746-4000  or Ext (703) 746-4000  note of Ext (703) 7         | 0         | Complete and send this form, together with applicable fee(s), to: Mail   |  |   |  | Mail Stop ISSUE FEE<br>Commissioner for Patents  |  |  |  |
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| Derek K. W. Smith Husky Injection Molding Systems Ltd. 500 Queen Street South Bolton, LTB 555 CANADA  12/15/2004 90586M2 00000011 501388 10717529  13/17/2005 11/2000 Jaceph Verga  13/17/15/20 Jaceph Verga  13/17/20 Ja         |           |  |  |   | ог <u>Гах</u>  |  |  |  |  |
| Derek K. W. Smith Husky Injection Molding Systems Ltd. 500 Queen Street South Bolton, LTB 555 CANADA  12/15/2004 90586M2 00000011 501388 10717529  13/17/2005 11/2000 Jaceph Verga  13/17/15/20 Jaceph Verga  13/17/20 Ja         | EFF A TH  | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate of the correspondence of the correspondence address and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a superate "FEE ADDRESS" for the correspondence address and the correspondence addr |  |   |  |  |  |  |  |
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| CANADA  12/15/2004 ADSNANZ 00000011 501388 10717529  11/21/2003   |           | Husky Injection N<br>500 Queen Street  |  | I hereby certify that the States Postal Service addressed to the Maintanamitted to the USI  | nis Fee(s) Transmittal is buin<br>with sufficient postage for fu<br>I Stop ISSUE FEE address<br>PTO (703) 746-4000, on the | ig deposited with the United<br>rst class mail in an envelope<br>above, or being facsimile<br>date indicated below.                            |  |  |  |
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| OFF.: 1501 1400.00 D0 FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NC. CONFRAGTION NO. 10717.529 11/21/2003 JOSEPH VARGE S6 8417  TITLE OF INVENTION: COUNTER ROTATING AIR PROPELLER DRIVE SYSTEM  APPLY TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1370 \$300 \$1670 \$03/07/2005  EXAMINER ART UNIT CLASS-BUBCLASS  SOTELO, JESUS D 3617 \$40-03700  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.563). CRR 1.563). CRR 1.563). CRR 1.563). CRR 1.563). CRR 1.563. CRR 1.      | 40 /45 /0 |  | 044 504300 40343504  | _   |  | I aske   | لعرسيم   | (Signature)  |  |
| FIG. 1504APPLICATION OF PROPERTIES   FLAST MANED INVENTOR   ATTORNEY BOCKET NO.   CONFERMATION NO.   | 15/15/5   | 0000 OOO   | 011 501388 10717525  | ,   |  | Decemb   | ver 14.2004  | (Date)   |  |
| Joseph Varga   S-6   8417  | 01 FC:1   |  |  | <del></del>   | FIRST NAMED INVEN  | VTOR   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| TITLE OF INVENTION: COUNTER ROTATING AIR PROPELLER DRIVE SYSTEM  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE monprovisional NO \$1370 \$300 \$1670 \$370772005  EXAMINER ART UNIT CLASS-SUBCLASS  SOTELO, JESUS D \$617 \$40-037000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 37) \$200 \$40-037000  1. Change of correspondence address (or Change of Correspondence Or Special Address (or Change of Correspondence Or Special Address (or Change of Correspondence Or Change of Correspondence Or Change of Correspondence (or Change of Correspondence Or Change of Correspon | 05 10:1   |  | •  | <del> </del>  |  |  |  | 8417   |  |
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| NO   S1370   S300   S1670   O3/07/2005   |           | TITTE OF INVENTION:  | COUNTER ROTATINO ALL   |   |  |  |  |  |  |
| SAMINER   ART UNIT   CLASS-SUBCLASS  | 1         | APPLN. TYPE  | SMALL ENTITY   | ţşşue f   | EE P   | UBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUÉ   |  |
| SOTELO, JESUS D  3617  440-037000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.  Great Address indication (or "Fee Address" Indication form PTO/SB/1/22) attached. Use of a Capstomer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY).  Please check the appropriate assignee caregory or categories (will not be printed on the patent):    Defect   W. S. M. C.  | •         | nonprovisional   | NO   | \$1370  |  | \$300  | \$1670   | 03/07/2005   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).    Change of correspondence address (or Change of Correspondence Address four PTO/SB/12) artiched.   "Fee Address indication (or "Foe Address" Indication form PTO/SB/12) artiched.   "Fee Address indication (or "Foe Address" Indication form PTO/SB/12 (and the names of up to 3 registered patent attorneys or agents of a single firm (having us a member a resistered attorney or agent) and the names of up to 7 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE    Change in Entity Status (from salue indicated above)   Advance Order - # of Copies   Advance Order - # of Copies   Account Number            | 1         | EXA  | AMINER   | ART UN  | п С  | LASS-SUBCLASS  | ]  |  |  |
| CFR 1.363.  Change of correspondence address (or Change of Correspondence Address form PTO/SSI/22) attached.  The Address indication (or "Foc Address" Indication form PTO/SSI/27; Rev 03-02 or more recent) attached. Use of a Castomer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Please check the appropriate assignce category or categories (will not be printed on the patent):  Dissue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  S. Change in Entity Status (from status indicated above)  A Advance Order - # of Copies  S. Change in Entity Status (from status indicated above)  A Applicant claims SMALL ENTITY status. See 37 CFR   27.  The Director of the USPTO is requested to apply the Issae fee and Publication Fee (if required will large fee accepted from anyone other than the applicant; a registered attorney or agents. If no name is registered patent attorneys or agents. If no name is registered attorneys or agents. If no name is registered attorneys or agents. If no name is a listed to printed.  B RESIDENCE: (CITY and STATE OR COUNTRY)  B Advance Order - # of Copies  S. Change in Entity Status (from status indicated above)  A Advance Order - # of Copies  S. Change in Entity Status (from status indicated above)  A Applicant claims SMALL ENTITY status. See 37 CFR   27.  The Director of the USPTO is requested to apply the Issae fee and Publication Fee (if required will large the accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party interest as shown by the records of the Ugarde States of Society and Control of the Usarde States of Society and Control of the Ugarde States of          | •         | SOTEL  | O, JESUS D   | 3617  |  | 440-037000   | ·  |  |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/4?; Rev 03-02 or mive recent) strached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an essignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or entegories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or creatif any overpayment, the Deposit Account Number Solution of the Institute Status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Israel of the many one other than the applicant; a registered attorney or agents. If no name of up to 2 pages and Publication fee (if required will got be accepted from anyone other than the applicant; a registered attorney or agents in the name of the pages. The Director of the USPTO is requested to apply the Israel of the many one other than the applicant; a registered attorney or agent, or the assignee or other party interest as shown by the records of the Uspto            | •         | CFR 1.363).  Change of correspo  | ndence address (or Change of   |   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |  |  |  |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  BOHON, Ontario, Canada.  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government da. The following fee(s) are enclosed:    Ab Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   Advance Order - # of Copies   Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SOLDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s), or credit any overpayment, to Deposit Account Number SolDER the required fee(s         |           | "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2, re  |  |   |  | registered attorney or agent; and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed. |  |  |  |
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| X/Mll/moith 14 December 2004   |           | a. Applicant claims  | SMALL ENTITY status. Se  | e 37 CFR 1/27.  |  |  |  |  |  |
| X/Mll/moith 14 December 2004   |           | The Director of the USPT<br>NOTE: The Issue Fee and<br>interest as shown by the re   | O is requested to apply the Is<br>Publication Fee (if required)<br>cords of the United States Pa | pic Fee and Publica<br>will not be accepte<br>a cat and Teademark   | ition Fee (if any) or to<br>d from anyone other i<br>t Office.   | re-apply any previous<br>than the applicant; a re-   | sly paid issue fee to the applic<br>gistered attorney or agent; or | tation identified above.<br>the assignee or other party in |  |
|  |           |  | Mills mad  | th  |  | Date /4  | December 2   | 004  |  |

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Husky Injection Molding Systems Ltd. 500 Queen Street S. Bolton, Ontario, Canada L7E 555

December 14, 2004

Mail Stop ISSUE FEE Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attention: Commissioner of Patents

Subject: ISSUE FEE

In re application of: Joseph Varga

Serial No.: 10/717,529 Agent Docket No.: S-6

Entitled: Counter Rotating Air Propeller Drive System

Dear Sir:

Transmitted herewith is a fee transmittal form for transmitting the ISSUE FEE and the PUBLICATION FEE in response to the Notice of Allowance for the above identified patent application,

Respectfully submitted,

Derek K/W. Smith

Agent of Record

Registration No. 39,547